



DCPS Pre-School / Pre-K and Out-of-Boundary Lottery
Letter of Intent to Enroll

If you were admitted to a school where you would like to enroll your child, complete and return this form by **April 1** in order to secure your child's seat. Failure to do so may result in the loss of your seat.

If your child is currently enrolled in a DCPS school :	Submit the form to your child's current school , along with a copy of the enclosed results letter
If your child is not currently enrolled in a DCPS school :	Submit the form to the school where your child was admitted

Student's Name:	Parent/Guardian Name:	
First _____ Last _____	First _____ Last _____	
Student's Date of Birth: ____ / ____ / ____ MM DD YYYY	Street Address:	
Student's Gender (circle one): Male Female	City:	
School to which student was admitted for 2011-12:	State:	Zip:
Grade in 2011-2012:	Guardian's Best Contact Phone Number: () -	
School that student currently attends:	Additional Guardian Contact Phone Number: () -	
Student's DCPS ID# (if currently enrolled in DCPS):	Guardian Email Address:	
Student's Ethnic Designation: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Non-Latino	Student's Race: <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Pacific Islander <input type="checkbox"/> American Indian	

Does your child have special education needs? If so, please briefly describe the services he or she currently receives:

Does your child receive Limited English Proficiency (LEP) or No English Proficiency (NEP) services? Y / N

By submitting this form, you indicate the following:

- Your good-faith intent to enroll your child at the DCPS school where your child was admitted
- Your understanding of the necessity of enrolling and verifying your DC residency by May 2nd in order to secure your child's seat
- Your understanding that your child's enrollment is contingent on verification that he/she meets the legal age requirement for the grade level you requested, verification that he/she has a sibling currently enrolled at the school if so indicated on your application, and verification of in-boundary residency if so indicated on your preschool/pre-k application.

Parent/Guardian Signature: _____ Date: _____

Printed Name: _____

If you have questions, please contact the DCPS Critical Response Team at (202) 478-5738 or at enrollmentprocess@dc.gov.